

For Washington State Nursing Home staff

From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

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our mascot
Cousin IT

"This is I.T." Newsletter

Info and Tips from the MDS-WA Office—**Clinical stuff,**
Computer stuff, Reports 'n stuff, and other STUFF!

By Marge Ray and Judy Bennett, State of WA, DSHS

Introducing Judy Bennett—Washington State's new MDS Automation Co-ordinator:

Hello, my name is Judy Bennett. I have several years experience with the Department of Social and Health Services and I am very pleased to be the new MDS Automation Coordinator for Washington State. I like all types of puzzles – jig saw, crossword, Sudoku, cross sums, brain teasers, etc. Shirley assured me I would have plenty of puzzles to solve in this job and so far, she has been correct. So – please don't hesitate to email or call me if you are having challenges with any technical aspects of MDS.



As we move forward towards MDS 3.0, I am excited to be able to be a part of this upcoming change. Together we can make it through the maze of new manuals and new procedures. I look forward to working with all of you on MDS 2.0 and MDS 3.0.



Welcome to the "Sneeze Zone"—dealing with Allergies

Spring has finally arrived. The sky looks bluer, clouds are more white than gray, birds are singing happy tunes and flowers and trees are awake and beginning to bloom. It all looks so nice, until...Your alarm clock goes off with that ear-piercing buzz. You reach over to turn it off but can't see the buttons because your eyes are glued shut! Your nose is so plugged up that you can barely breathe and your head feels like it's inside a very large fish bowl. When you sneeze, you almost blow yourself right out of bed! No, it isn't because you stayed too late at the facility party last night...it's the beginning of Allergy Season.

Over 50 million Americans suffer from allergies with approximately 55% of all U.S. citizens testing positive to one or more allergens.

Nursing home residents are as much "at risk" of having allergy symptoms as you or me. Actually, because of their compromised conditions, allergies may have an increased effect on the elderly. This fact highlights the importance of careful evaluation, assessment and care planning. By identifying clinically significant allergens and instituting appropriate interventions, we can help residents achieve their highest practicable level of functioning.

Allergies are triggered by foreign substances called allergens. When our immune system encounters these pesky substances and mistakes them for dangerous invaders, antibodies charge out to attack the little critters and boom—an allergic reaction occurs. This reaction most commonly includes sneezing, itching, inflammation, congestion, skin rashes and hives. Occasionally, more serious and even life-threatening reactions occur.

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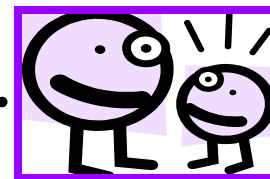
Marge

Judy

Food allergies affect about 3.2% of the adult worldwide population. According to the American College of Allergy, the most common causes of food allergies include peanuts, tree nuts, fish and shellfish and eggs. Since food allergies can appear at any age and can be caused by foods that have been safely eaten for many years without problems, if you notice a change in a resident's pattern of eating (e.g., avoiding foods previously eaten) further assessment is needed...it may be a food allergy has developed. Additionally, related foods may also cause an allergic reaction. An allergy to peanuts, for example, may result in an allergy to peas or beans also, as they all come from the same legume family. It is also possible that a resident's physical condition may worsen symptoms of some food allergies. Not all adverse reactions to food are due to a food allergy however. A resident may tell you that they are allergic to milk when in reality, the reactions to milk are not allergic responses but are the result of a deficiency in the lactose enzyme. Thorough assessment to determine the underlying cause of these adverse reactions is very important for care planning. In severe cases, food allergies can lead to anaphylaxis, a reaction that is potentially life-threatening and requires emergency help immediately. The most critical information needed to manage food allergies is a good resident history. This is where the assessment skills of the MDS coordinator are put to the test. Can you find the connection between the food eaten and the symptoms observed?



Connecting the MDS Dots



Environmental allergens are all around us, but most of us do not have serious reactions to them. They include dust mites (the most common cause of allergy symptoms), mold, animal dander, cockroach droppings, tobacco smoke, perfumes, aerosols, cleaning products and paints. To help reduce dust mites, filters in cooling and heating systems need to be changed routinely. Frequent vacuuming of the carpets and floors along with regular laundering of curtains and bed linens will also reduce the numbers of mites.



Mold grows in areas that are dark and damp and where humidity is present. Key areas to check include bathrooms, shower areas, refrigerators, garbage containers, carpets and upholstery that are subjected to moisture. Facility pets, especially dogs and cats, are the primary source for animal dander. Keeping the pets off of resident beds and chairs and out of the sleeping areas is highly recommended to help control the spread of dander. Having areas of the facility that are off limits to pets may be necessary in order to manage severe allergy conditions.



Other environmental allergens common to Washington State include pollen from trees, (especially Alder, Birch, Oak, Ash and Cottonwood), grasses, alfalfa, scotch broom, junipers and bracken ferns. Check the exterior landscaping of your facility, it might be necessary to remove some plants and replace them with others less likely to produce the offending pollens.



Coding Allergies on the MDS

Identifying and managing allergies is important for residents in the nursing home. MDS 2.0 Section I, item 1nn under "Other" is where allergies are to be coded. The definition for allergies from the RAI Manual, chapter 3 page 130 is, "Any hypersensitivity caused by exposure to a particular allergen. Includes agents (natural and artificial) to which the resident is susceptible for an allergic reaction, not only those to which he or she currently reacted to in the last seven days." The definition continues to identify different types of allergies including allergies to drugs, foods, environmental substances, animals, and cleaning products. It also identifies typical hypersensitive reactions including, but not limited to itchy eyes, runny nose, sneezing, and contact dermatitis.

In other words, the resident does not have to show symptoms during the 7 day look-back period for allergies to be checked on the MDS. If the resident is allergic to a specific allergen, they will be allergic to it any time they are exposed; thus, it must be identified, coded and care planned.

Accurate assessment for allergies requires review of transfer documentation (particularly for newly admitted residents), review of the resident's current medical record, interview with the resident and/or family and nursing home staff. Physician documentation of a diagnosis is needed to code the MDS and the disease condition must be active (it has a relationship to the current ADL status, cognitive status, behavior status, medical treatment, nursing monitoring, or risk of death).

MDS Connections-Allergies and Medication

Unlike several MDS items, I1nn, Allergies, is not used for quality monitoring of facility practice. It is not part of the QI/QM reporting program, nor of the 5-Star Reporting system. It is, however, an important item for the resident's safety and quality of life.

MDS sections and individual items offer clues to underlying causes of conditions assessed throughout the assessment process. Recognizing these connection points, help to sort out related issues and potential problem areas that will need to be care planned. When medications are used to manage allergic symptoms, early recognition of side effects is critical.

When I1nn is checked on the MDS, then you might want to review the following items:

- B5b: periods of altered perception/awareness = 1,2
- B5d: restlessness = 1,2
- B5e: lethargy = 1,2
- D1: Vision = 1,2
- E1k: Insomnia = 1,2
- G4c-e (B): Voluntary Movement = 1,2
- H1b: Bladder incontinence = 1,2,3,4
- H2b: Constipation = √
- H2c: Diarrhea = √
- J1f: Dizziness = √
- J1o: Vomiting = √
- J2a: Pain symptoms = 1,2
- J3d: Headache = √
- K4c: Nutritional Problems = √
- M4d: Rash = √
- P9: Abnormal lab values = 1

If I1nn is checked and any one of the above are also coded on the MDS and the resident receives an antihistamine they may be experiencing an ADR but not an allergic reaction. Another potential connection point is between I1nn and W2 and W3.

Our goal... Our goal is to help you accurately assess, code, and transmit the MDS. Accurate assessment forms a solid foundation for individualized care to help residents achieve their highest level of well-being.

MDS 3.0 - Less than 6 months to go



Implementation of MDS 3.0 is still on target for October 1, 2010

In question is whether or not RUG IV for Medicare PPS payment will be implemented at the same time or not. CMS has not made any formal announcements to date as to a final decision on the RUG-IV implementation. We are all proceeding “as if” all provisions (MDS 3.0 and RUG-IV) will be implemented on October 1, 2010. If and when a final determination is made, we will let you know.

Washington State will continue with plans to study the impact of MDS 3.0 on the RUG payment system starting in 2010 and continuing into 2011. Changes to the Medicaid case mix payment system will not occur until at least summer of 2011. Training on changes to the Medicaid case mix payment system will be provided in 2011 prior to implementation, not at the MDS 3.0 training sessions.

We are frequently asked the following, “**Is there anything we can do to prepare for MDS 3.0 right now?**” The answer is, “Yes”.

CMS has posted the most current draft of the RAI 3.0 manual on their website along with the different MDS 3.0 forms and data specifications: http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage

We do not recommend printing out the entire manual yet since updates will be coming, but Chapter 3 of the manual and the MDS 3.0 Nursing Home Comprehensive (NC) Item Set MDS form could be printed and facilities can begin to look at the new format and start becoming familiar with the new and/or changed assessment items.

Highly recommended would be a review of the 4 areas where scripted resident interviews will occur: the BIMS (Brief Interview for Mental Status) that determines cognition; the CAM© (Confusion Assessment Method) for identifying delirium; the PHQ-9© (Patient Health Questionnaire) to determine mood; and the Interview for daily preferences and activities. Practice these interviews with each other, following the coding directions in the manual. Doing scripted interviews can feel very uncomfortable the first few times that they are done. Asking questions exactly as written, providing only the cues allowed in the instructions and proceeding in the order established for these standardized tests is very different than what most of us are used to. Being able to practice with each other will help minimize the discomfort and staff will feel better prepared when they have to do it “for real” starting October 1.

Another area worth reviewing is the revised section “M” on skin. It is 33 pages long, containing instructions for identifying and staging pressure ulcers using the adapted 2007 National Pressure Ulcer Advisory Panel (NPUAP) guidelines. No more back staging in 3.0!

Medication allergies are less common than adverse drug reactions (ADR) but must be managed successfully. Elderly adults are more susceptible to ADR because of the complex drug therapies, involving multiple medications, many elders take. Most medication allergies result in minor skin rashes, mild wheezing, itchy eyes or hives. However, just as with food allergies, anaphylaxis can occur and must be treated immediately.

Observing the resident’s reaction to a medication, particularly a newly prescribed one, is vitally important given the risk for ADR, including allergic reaction. Medications administered by injection or applied as an ointment on the skin are more likely to cause an allergic reaction than those given orally.



The MDS-WA newsletter publishes info that you can **really use** in your work with the MDS: tips and hints, new stuff from CMS, clinical info, technical help, notices about RUG reports, and more.

Sign up for the MDS-WA Listserv Newsletter by emailing LISTSERV@LISTSERV.WA.GOV In the subject line put: **SUBSCRIBE MDS-WA**

Coding Scenario—I1NN

Mrs. F is a new resident and after giving her medication for wheezing and nasal congestion, you sit down to gather further data for her MDS.

She tells you that she has to “stay away” from shellfish. When she eats it, her throat starts to feel like it is “closing” and her wheezing is “really bad”.

She then tells you about the great new drug she bought at the nutrition store for her “achy joints” - Glucosamine.

Her joints are improved and she said that she would be “on top of the world” if her wheezing would just stop.

You also note that she has a large bruise on her left upper arm.

In reviewing her chart, you find that she is on Coumadin. How would you code I1NN? What care plan consideration did you discover during your conversation with Mrs. F?

(Scenario answer on page 4)

Washington State MDS 3.0 Training


Washington State MDS 3.0 training will be held mid June through the first week of August at 11 sites around the state. The training is being conducted by Residential Care Services (RCS) in collaboration with the two nursing home provider associations, Washington Health Care Association (WHCA) and Aging Services of Washington (ASWA). **For our out of state readers:** contact the state MDS office in your state for local training plans.

Currently, 7 sites are completely full but spaces remain for the following sessions:

June 17-18, 2010 Wenatchee
June 29-30, 2010 Yakima
July 19-20, 2010 Silverdale
Aug 2-3, 2010 Kennewick

For Washington State nursing home, please register with:

 **Pat Sylvia** ASWA Phone: 253-964-8870
Email psylvia@agingwa.org
OR

 **Brenda Orffer** WHCA Phone: 360-352-3304
Email brendaorffer@whca.org

Fee \$149 per person or \$129 each with 3 or more registered.

Q2IT Treasure Trove Tips



Q. What are the most common allergic diseases?

A. Allergic rhinitis (hay fever), asthma, allergic dermatitis (eczema), contact dermatitis, food allergy and urticaria (hives).

Q. Will an allergy ever just go away?

A. Symptoms may temporarily go away or change, but the allergy itself does not.

Q. If Allergies is checked on the MDS, what is the impact on W2b (Influenza vaccine) or W3b (Pneumococcal Vaccine)?

A. Any allergy to eggs or to a component of the vaccine, renders the resident ineligible for any vaccine containing those components. This information needs to be noted in the medical record.



Computer



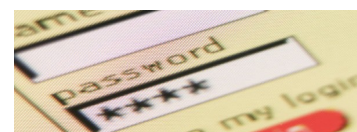
Corner

MDS password tip: In order to be able to reset your own password, you need to remember the answers to the security questions. If you don't think you answered the questions, or can't remember those answers, go into the QIES User Maintenance System and set up the answers to the three security questions. Once this is done, if you forget your password or get locked out, you can reset your password yourself. If you want instructions for this process please email me and I will send the instructions to you. If you still have questions, please call me. Thanks.

Judy Bennett

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NH web sites in WA

Info for NH Professionals

<http://www.aasa.dshs.wa.gov/professional/nh.htm>

MDS Automation web page

<http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/>

MDS Clinical web page

<http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/>

NH Rates web page

<http://www.adsa.dshs.wa.gov/professional/rates/>

NH Rates and Reports

<http://www.adsa.dshs.wa.gov/professional/rates/reports/>

Case Mix web page

<http://www.adsa.dshs.wa.gov/professional/CaseMix/>

ProviderOne Phase One

<http://www.adsa.dshs.wa.gov/professional/providerone/>

Scenario Answer:

I1NN=✓ Mrs. F is allergic to shellfish

Care Plan considerations: Glucosamine is made from shellfish. It also increases the time it takes for blood to clot. If you have a resident allergic to shellfish and you don't know that Glucosamine is made of shellfish and the resident takes heparin, coumadin or aspirin therapy—you now have a situation set up for an allergic reaction to the glucosamine and an increased possibility of bleeding from the enhanced effect of this supplement on the coumadin.